MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/679878 | FILING DATE

APPLICANT(S)

1/6/06

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				1		
3				1		
4				1		
5				1		
6			1			
7				1		
8				1		
9			1			
10						
11				3		
12				1		
13				1		
14				1		
15				1		
16				1		
17				1		
18				1		
19				1		
20				1		
21				1		
22				1		
23						
24				1		
25						
26						
27				1		
28				1		
29						
30				11		
31						
32						
33						
34						
35						
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41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.			3			
TOTAL DEP.				24		
TOTAL CLAIMS				27		

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
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58						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						